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CONFIRMATION NO. 4898

<b>SERIAL NUMBER</b> 09/997,962	<b>FILING OR 371(c) DATE</b> 11/29/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> DOCUSY 3.0-007
<b>APPLICANTS</b> Robert Hanson, Mobile, AL; Barry Sudduth, Central, SC; Don Detar, Lilburn, GA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/253,911 11/29/2000 O.K. DBC <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/17/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature <i>Dale S. Baughman</i> Initials <i>DBC</i>		<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 36
			<b>INDEPENDENT CLAIMS</b> 6	
<b>ADDRESS</b> 000530				
<b>TITLE</b> Drug delivery device incorporating a tracking code				
<b>FILING FEE RECEIVED</b> 705	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	